



## APPLICATION FOR LICENSURE AS A RADON MEASUREMENT BUSINESS

**Radon Measurement Business licenses are non-transferable**

Submit to:

Department of Health and Human Services  
 Division of Public Health  
 Office of Environmental Health Hazards and Indoor Air  
 P.O. Box 95026 - Lincoln, Nebraska 68509-5026

(Please Print or Type)

**SECTION A - Basic Information:** (All applicants for licensure must complete this section.) **This section is public information and will be display on the INTERNET at <http://www.dhhs.ne.gov/radon/>**

1.	Name of Applicant				
2.	Business Name				
3.	Business Address	Street/Box/Route:	City:	State:	Zip:
4.	Business Telephone Number		Fax Number (optional)	E-Mail Address (optional)	
5.	Mark the Legal Status of the Applicant	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership			

**SECTION B – Discipline** Answer the below question and submit any applicable documentation.

Has your license in any profession in another state been revoked, suspended, limited, or disciplined in any manner?

YES \_\_\_\_ NO \_\_\_\_

Note: If yes, provide an official copy of the disciplinary action, including charges and disposition.

**SECTION C – Employee Information:** List each radon measurement specialists employed or retained on staff.

Measurement Specialist's Name	1.	Measurement Specialist's License Number	1.
	2.		2.

**SECTION D – License Fee:** Submit the appropriate license fee payable to the Nebraska Department of Health and Human Services.

**Radon Measurement Business licenses expire on March 31 of each odd-numbered year.**

The fee for a Radon Measurement Business license is \$200 unless it is issued in the last six months (180 days) of the two-year period. During the last six months of the two-year period the license fee is \$50.

**SECTION E – Supplemental Documentation:** Applicants for licensure as a Radon Measurement Business must attach a Quality Assurance Plan containing the following information as required by 180 NAC 11-006.01B:

- A. A policy statement committing to provide quality work.
- B. A list of individuals or organizations that measurement reports will be provided to.
- C. A description of the business's management and organizational structure.
- D. A list of all personnel that will be involved in the measurement work and a description of their role and responsibilities.
- E. A description of the passive, active and/ or electronic devices to be used to determine indoor radon levels.
- F. A copy of reports and all other radon-related materials to be given or mailed to clients.
- G. A description of sampling methods to be used when conducting radon measurements.
- H. A description of the protocols to be used to prepare, evaluate and respond to the findings of quality control samples (i.e. duplicates, blanks, and spikes).
- I. Protocols for calibration(s) of devices, and the name of the radon chamber that will be used, if continuous radon monitors will be used. All devices must be calibrated once per year.
- J. A description of who can make changes to the Quality Assurance Plan and will be responsible for ensuring that any future changes are provided to the Department and other necessary recipients (include who those recipients are).
- K. A statement indicating how radon related records and documents will be retained and maintained for five years.
- L. A statement indicating how indoor radon measurements will be manually corrected, if required by the device being used.
- M. A statement indicating who will validate test results and what information will be used to make this decision.
- N. A health and safety program to keep each employee's exposure as low as reasonably achievable.

**SECTION F – Attestation To Your Lawful Presence in the United States**

For the purpose of complying with Neb. Rev. Stat. §§38-129 and 4-108 through 4-114, applicants must attest as follows (Please check the appropriate box below):

- ☐ I am a citizen of the United States
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act.  
My immigration status and alien number is \_\_\_\_\_  
and I agree to provide a copy of my USCIS documentation upon request.
- ☐ The applicant is a corporation, partnership or other legal entity and I am including a photocopy of an official government document so stating.

**SECTION G – Signature**

I hereby attest that I have read the application or have had the application read to me; my responses and the information provided on this form and any related application for public benefits are true, complete and accurate; and I understand that this information may be used to verify my lawful presence in the United States.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This application must be signed by:

- 1) The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one members;
- 2) Two of its members if the applicant is a limited liability company that has more than one member;
- 3) Two of its officers if the applicant is a corporation;
- 4) The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- 5) The owner or owners, or if there is no owner, the chief executive officer or comparable official if the applicant is not an entity described in items (1) through (4).